

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	1					
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11	1					
12		1				
13	1					
14	1					
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50						
TOTAL IND.	6					
TOTAL DEP.	48					
TOTAL CLAIMS	54					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

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48